



*Annual Review Class (ARC)  
"Train the Trainer"  
2009*

*Classes will be held:*

*February 18, 2009 (10:00 a.m. - 12:00 p.m.)*

*February 19, 2009 (10:00 a.m. - 12:00 p.m.)*

*February 26, 2009 (10:00 a.m. - 12:00 p.m.)*

*(All classes will be held in the ICEMA conference room.)*

*Class sizes are limited, so register early!*

*Please send completed application & correspondence to Dora Mejia at ICEMA.  
Any questions please call (909) 388-5826*



INLAND COUNTIES EMERGENCY MEDICAL AGENCY  
Serving San Bernardino, Inyo, and Mono Counties  
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ANNUAL REVIEW CLASS (ARC)  
PROGRAM APPROVAL APPLICATION  
~ 2009 ~

**TRAINING PROGRAM ELIGIBILITY:**

To be eligible for approval an Annual Review Class Training Program, applicants must meet the following criteria:

1. Currently be an ICEMA approved ALS CE Provider.
2. Submit the \$300.00 program approval fee. **(FEE HAS BEEN WAIVED FOR ARC 2009)**
3. Submit a completed application to ICEMA.
4. Assure that all instructors meet the criteria for eligibility as an approved CE Instructor per ICEMA Protocol Reference #14011.

CE Provider Name \_\_\_\_\_ CE Provider # \_\_\_\_\_

Program Director \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

The following instructors will attend the Annual Review Class "Train the Trainer" on the date checked below:

NAME	ICEMA #	Feb 18 <sup>th</sup> (10am-12pm)	Feb 19 <sup>th</sup> (10am-12pm)	Feb 26 <sup>th</sup> (10am-12pm)

**Additional Instructor Criteria:**

**All instructors must:**

1. Be currently accredited/certified in the ICEMA region.
2. Have a minimum of two (2) years experience as an EMT-P or MICN in the ICEMA Region.
3. Be sponsored by their employer to attend the train-the-trainer class.

*As an approved ARC Training Program, I/this agency agrees to use only instructors that have completed the ICEMA approved train-the-trainer class, and to comply with ICEMA Protocol Reference #14010, Annual Review Class. I/this agency understand that approval is granted for a period of one (1) year. I certify that all information on this application is true and accurate, to the best of my knowledge.*

CE Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_